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02-01-01

PTO/SB/05 (08-00)

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**UTILITY
PATENT APPLICATION
TRANSMITTAL**
(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 8409

First Inventor or Application Identifier

John C. Molander

Title

ABSORBENT ARTICLE WITH TENSION-DIMINISHING
SIDE PANELS

Express Mail Label No.

EK577220240US

09/17/2011

A

01/31/01

APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

Commissioner for Patents

ADDRESS TO: Box Patent Application
Washington, D.C. 20231

- Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing)
- Applicant claims small entity status
(see 37 CFR §1.27)
- Specification Total Pages [27]
(preferred arrangement set forth below)
 - Descriptive Title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R&D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
- Drawing(s) (35 USC §113) Total Sheets [5]

- Oath or Declaration Total pages
 - Newly executed (original or copy)
 - Copy from a prior application (37 CFR §1.63(d))
(for continuation/divisional with Box 17 complete)
 - DELETION OF INVENTORS
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR §§1.63(d)(2) and 1.33(b).
- Application Data Sheet. See 37 CFR §1.76

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in the preliminary amendment, or in an Application Data Sheet under 37 CFR §1.76.

 Continuation Divisional Continuation-in-part (CIP) of prior application No. /

Prior application information: Examiner: _____ Group/Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

 Customer Number or Bar Code Label Insert Customer No. or Attach bar code label here or Correspondence address below

NAME	Michael S. Kolodesh				
ADDRESS	11450 Grooms Road				
CITY	Cincinnati	STATE	Ohio	ZIP CODE	45242
COUNTRY	USA	TELEPHONE	(513) 626-3426	FAX	(513) 626-3004

Name (Print/Type)	Michael S. Kolodesh	Registration No. (Attorney/Agent)	44,846
Signature	Michael S. Kolodesh		
Date 1/31/01			

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 710.00)

Complete if Known

Application Number

Filing Date

First Named Inventor

Examiner Name

Group/Art Unit

Attorney Docket No.

8409

METHOD OF PAYMENT (check one)

FEE CALCULATION (continued)

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 16-2480

Deposit Account Name The Procter & Gamble Company

Charge Any Additional Fee [] Applicant claims small entity
Required Under: status. See 37 CFR §127
37 C.F.R. §§1.16 and 1.17

2. Payment Enclosed:

Check Credit Card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	[710]
106	320	206	160	Design filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	
SUBTOTAL (1)				(\$)[710]	

2. EXTRA CLAIM FEES

Total Claims	[20] - 20** =	[0]	x	[0]	Extra Claims Below Fee Paid
Independent Claims	[1] - 3** =	[0]	x	[0]	
Multiple Dependent		[0]	=	[0]	

** or number previously paid, if greater; For Reissues, see below

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
103	18	203	9			Claims in excess of 20
102	80	202	40			Independent claims in excess of 3
104	270	204	135			Multiple dependent claim, if not paid
109	80	209	40			**Reissue independent claims over original patent
110	18	210	9			**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)				(\$)[0]		

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
105	130	205	65			Surcharge - late filing fee or oath	
127	50	227	25			Surcharge - late provisional filing fee or cover sheet	
139	130	139	130			Non-English specification	
147	2,520	147	2,520			For filing a request for ex parte reexamination	
112	920*	112	920*			Requesting publication of SIR prior to Examiner's action	
113	1,840*	113	1,840*			Requesting publication of SIR after Examiner's action	
115	110	215	55			Extension for reply within 1 st month	
116	390	216	195			Extension for reply within 2 nd month	
118	1,390	218	695			Extension for reply within 3 rd month	
120	310	220	155			Extension for reply within 4 th month	
121	270	221	135			Extension for reply within 5 th month	
138	1,510	138	1,510			Notice of Appeal	
140	110	240	55			Filing a brief in support of an appeal	
141	1,240	241	620			Request for oral hearing	
142	1,240	242	620			Petition to institute a public use proceeding	
143	440	243	220			Petition to revive - unavoidable	
144	600	244	300			Petition to revive - unintentional	
122	130	122	130			Utility issue fee (or reissue)	
123	50	123	50			Design issue fee	
126	240	126	240			Plant issue fee	
581	40	581	40			Petitions to the Commissioner	
146	710	246	355			Petitions related to provisional applications	
149	710	249	355			Submission of IDS	
179	710	279	355			Recording each patent assignment per property (times number of properties)	
169	710	249	355			Filing a submission after final rejection (37 CFR § 1.129(a))	
						For each additional invention to be examined (37 CFR § 1.129(b))	
						Request for Continued Examination (RCE)	
						Request for expedited examination of a design application	
						Other fee (specify) _____	
						Other fee (specify) _____	

* Reduced by Basic Filing Fee Paid

SUBTOTAL(3) (\$ 0)

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Michael S. Kolodesh	Registration No (Attorney/Agent)	44,846	Telephone (513) 626-3426
Signature	<i>Michael S. Kolodesh</i>		Date	1-31-01

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